

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107532953 FILING DATE
APPLICANT

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND. DEP.		IND. DEP.		IND. DEP.			IND. DEP.		IND. DEP.		IND. DEP.	
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TOTAL IND.			3										
TOTAL DEP.		17											
TOTAL CLAIMS		20											